

Dec. 14. 2020 10:36AM

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

RECEIVED

DEC 16 2020

PSC/SC
CLERK'S OFFICE

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER:

2020 - 292 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Robert Heyward, Jr

Telephone: 843-906-4862

Address: P O Box 922

Fax:

Hollywood, SC 29449

Other:

Email: robertheywardjr@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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No. 0199 P. 32/39

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

Date: December 8, 2020

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. H & H Transportation of Charleston, LLC DBA H & H Transportation
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

4347 Helene Dr North Charleston, SC 29418

Street Address of Applicant

P O Box 922 Hollywood, SC 29449

Mailing Address of Applicant (if different from street address)

843-906-4862

Phone

Fax

robertheywardjr@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Robert Heyward, Jr 4347 Helene Dr North Charleston, SC 29418

Elaine Heyward 4347 Helene Dr North Charleston, SC 29418

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles	\$5000	Loans (based on Motor Vehicles)	\$5000
Cash on Hand		Business/Other Loans Owed	
Cash in Bank	\$500	Other Liabilities or Debts	
Value of Other Assets and Equipment	1030	Total Liabilities	45000
Total Assets	56,300		

INSTRUCTIONS:

- "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blackets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as utility bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

This is a proposed rate 500.00 per hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
FORD	2020 TRANSIT	B14770	6793

INSURANCE QUOTE**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for: H & H TRANSPORTATION OF CHARLESTON
SEE ATTACHED POLICY DECLARATION LLC DBA H & H

Name of Applicant: HELENE DE N. CHARLSON SC 29418
 Address of Applicant: TRANSPORTATION

Amount of Premium**Limits Quoted: (See Below)**

Liability Insurance \$ 1,908

Limits 50/100/25

The above quoted premium is for a term of 12 months 50,000/100,000/25,000

Minimum Limits - Intrastate Only

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

PROGRESSIVE COMMERCIAL INS.

Name of Insurance Company

P.O. BOX 307 FLORENCE SC 29505

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 494-4457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter of credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, a percentage of payroll, to the South Carolina Second Injury Fund. For more information, contact the WCC Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

DAVID CLEMMONS AGCY
PO BOX 327
GOOSE CREEK, SC 29445

PROGRESSIVE
COMMERCIAL

Named insured

H&H TRANSPORTATION LLC
4347 HELENE DR
N CHARLESTON, SC 29418

Policy number: _____

Underwritten by: _____
Progressive Northern Insurance Co
December 10, 2020
Policy Period: May 16, 2020 - May 16, 2021
Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-843-797-0505

DAVID CLEMMONS AGCY

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Your coverage began on May 16, 2020 at 12:01 a.m. This policy expires on May 16, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852SC (12/05), 4757SC (08/12), 1198 (01/04), 4852SC (01/10), 4881SC (02/11) and Z228 (01/11).

The named insured organization type is a corporation.

Policy changes effective December 9, 2020

Premium change:-\$92.00

Changes:Coverage has been changed on your policy.

The changes shown above will not be effective prior to the time the changes were requested.

Policy number
H&H TRANSPORTATION LLC
Page 2 of 3

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,315
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			305
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist			347
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$0	
Medical Payments	\$1,000 each person		64
Comprehensive			275
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			568
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$2,874
South Carolina Uninsured Motorist Fund charge			4
Fees			20
Total 12 month policy premium and fees			\$2,898

Rated driver

1. ROBERT HEYWARD

Auto coverage schedule

1. 2010 Chevrolet Express Cutaway

VIN: 1GB6G3AL2A1176239

Garaging Zip Code: 29418

Radius: 100

Liability Premium	Liability	UM	UIM	Med Pay	Auto Total
	\$552	\$151	\$173	\$30	\$906

2. 2020 Ford T-350 Transit W

Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)

VIN: 1FBVU4XG1LKB14770

Garaging Zip Code: 29418

Radius: 50

Liability Premium	Liability	UM	UIM	Med Pay	
	\$763	\$154	\$174	\$34	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$1,000/\$0	\$275	\$1,000	\$568	\$1,968

Loss Payee information

1. Loss Payee Auto 2 BANK OF AMERICA
PO BOX 2759 JACKSONVILLE, FL 32203
2020 Ford T-350 Transit W (1FBVU4XG1LKB14770)

Additional Insured information

- | | | |
|----|--------------------|---|
| 1. | Additional Insured | BANK OF AMERICA
PO BOX 2759 JACKSONVILLE, FL 32203 |
|----|--------------------|---|

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

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Exhibit Fit, Willing, and Able (FWA)

H & H Transportation of Charleston LLC DBA H & H Transportation

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

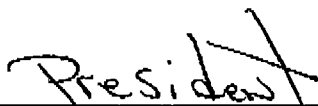
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



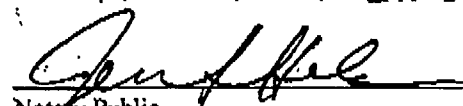
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Berkeley)

SWORN TO BEFORE ME

This 14th day of December, 2020



Notary Public

Commission Expires

August 18, 2026

JENNIFER A. HOLDEN

Notary Public
South Carolina

My Comm. Expires August 18, 2026

Print Application

Dec. 14. 2020 10:58AM

No. 0198 P. 3/39

The State of South Carolina



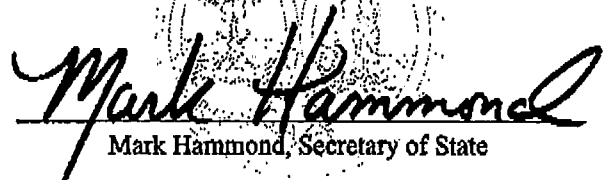
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

H & H Transportation of Charleston, LLC, a limited liability company duly organized under the laws of the State of South Carolina on June 7th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of December, 2020.


Mark Hammond, Secretary of State

Dec. 14, 2020 10:57AM
12/8/2020

No. 0198 P. 2/39

**SLED CATCH**
Citizens Access to Criminal Histories**Results**Name **ROBERT JR HEYWARD**

DOB

Gender

Maiden Name

Transa

Date of Check **December 08, 2020 at 17:19****NO ARREST DATA**
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

To Whom it May Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of December 08, 2020 at 17:19 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Chief Mark Keel

South Carolina Law Enforcement Division

**STATE LAW ENFORCEMENT DIVISION****An Accredited Law Enforcement Agency***Name Search*[Geographic Search](#)[Name Search](#)[Community Notifications](#)[FAQs](#)[Resources](#)[Contact Us](#)

Map

No offenders found.

SLED Headquarters
4400 Broad River Road
Columbia, SC 29210
Phone: 803.737.9000

C.

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A.